**Capacitar Wellbeing Practices for Nurses in Social Care**

**Application Form – 2022**

|  |  |
| --- | --- |
| Name: |  |
| Job title: |  |
| Employer: |  |

|  |  |
| --- | --- |
| Work email: |  |
| Home email: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred email: | Work |  | Home |  |

|  |  |
| --- | --- |
| Address: |  |
| Phone: |  |

Please tell us a little bit about yourself and why you are interested in doing this training.

1. My role

|  |
| --- |
|  |

1. Experience with self-care practices, including Capacitar

|  |
| --- |
|  |

1. Please tell us how would you anticipate using this opportunity in your current role?

(100-250 words)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| I confirm that I am able to commit to attending all four of the scheduled modules. |  |
| I have the support of my line manager to share the practices with the team as part of the collective wellbeing support for staff. |  |

|  |  |
| --- | --- |
| Manager’s email: |  |